

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number	10/551,753
Filing Date	September 30, 2005
First Named Inventor	MANESIS
Group Art Unit	3754
Examiner Name	Cartegena, Melvin A.

Attorney Docket Number

D-3132

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

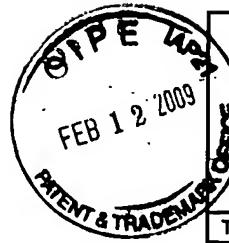
Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Frank J. Uxa		
Date	2/9/09	Reg. No.	25,612

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Janet McGhee
Date	2/9/09

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Fees Pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818).

# FEET TRANSMITTAL For FY 2009

Patent fees are subject to annual revision.

Application claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 65.00)

### Complete if Known

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Art Unit	3754
Attorney Docket No.	D-3132

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number 21-0890 Deposit Account Name Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) associated with this communication  Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	510	270	650	325	
Provisional	220	110	0	0	0	0	
							<b>Subtotal (1)</b> 0

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Fee (\$)
Each Independent claim over 3 or, for Reissues, each independent claim more than in the original patent	Fee (\$)
Multiple Dependent Claims	Fee (\$)
<b>Total Claims</b> <input type="checkbox"/> <b>Extra Claims</b> <input type="checkbox"/> <b>Fee (\$)</b> <input type="checkbox"/> <b>Fee Paid (\$)</b>	Fee (\$)
-20 or HP = _____ x _____	52 26
HP = highest number of total claims paid for, if greater than 20	220 110
<b>Indep. Claims</b> <input type="checkbox"/> <b>Extra Claims</b> <input type="checkbox"/> <b>Fee (\$)</b> <input type="checkbox"/> <b>Fee Paid (\$)</b>	390 195
-3 or HP = _____ X _____	Multiple Dependent Claims
HP = highest number of independent claims paid for, if greater than 3	Fee (\$)
	Fee Paid (\$)
	<b>Subtotal (2)</b> 0

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 = _____	/50= _____	(round up to a whole number)	x _____	= _____
			<b>Subtotal (3)</b>	0

#### 4. OTHER FEE(S)

- Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
- Non-English Specification: \$130 fee (no small entity discount)
- 1-month extension of time: \$130 fee (\$65 small entity discount)
- 2-month extension of time: \$490 fee (\$245 small entity discount)
- 3-month extension of time: \$1110 fee (\$555 small entity discount)
- 4-month extension of time: \$1730 fee (\$865 small entity discount)
- 5-month extension of time: \$2350 fee (\$1175 small entity discount)
- Information Disclosure Statement Fee: \$180 fee (no small entity discount)
- Notice of Appeal: \$540 fee (\$270 small entity discount)
- Filing a Brief in Support of Appeal: \$540 fee (\$270 small entity discount)
- Request for Oral Hearing: \$1080 fee (\$540 small entity discount)
- Utility Issue Fee: \$1510 fee (\$755 small entity discount)
- Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
- Request for Continued Examination: \$810 fee (\$405 small entity discount)
- Other: \_\_\_\_\_

**Subtotal (4)** 65

### SUBMITTED BY

Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612	Telephone	949-450-1750
Signature				Date	2/9/09